Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL						Complete if Known						
						lication	Number	10	10/551,025-Conf. #8264			
						ng Date		D	December 8, 2005			
For FY 2009						First Named Inventor			Andrea Giraldo			
FULL 1 2003						Examiner Name			V. E. Kovalick			
Applicant claims small entity status. See 37 CFR 1.27						Art Unit			2629			
TOTAL AMOUNT OF PAYMENT (\$) 1,810.0				)	Attorney Docket No. 3			32	32350-253509			
METHOD OF PAYMENT (check all that apply)												
Check	Credit Card	Mone	y Order	Noi	ne	Otl	her (please	identify)	:			
x Deposit Ac	count Deposit Accour	it Number:	22-0	261		Dep	posit Accour	nt Name:_	Ve	nable LLF	<b>5</b>	
For the	above-identified de	osit acco	unt, the Dir	ector is	here	by autho	orized to:	(check	all that apply)			
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing										he filing fee		
Charge any additional fee(s) or underpayments of												
FEE CALCU	<del>`.`</del>											
	G, SEARCH, AND	EXAMINA	TION FEE	s			<del></del>				,	
	FILING FEES SEARCH						CH FEES EXAMINA			ATION FEES		
Application T	una Eas		II Entity	Eac (\$		mall Ent		o (\$)	Small Entity	Eoos	Paid (\$)	
Application To Utility	<u>ype                                    </u>		<u>ee (\$)</u> 165	<b>Fee (\$</b> 540	ı	Fee (\$) 270	. —	<u>e (\$)</u> :20	<u>Fee (\$)</u> 110	rees	raiu ( <del>)</del> )	
,	220		110	100		50		40	70		······································	
Design		-										
Plant	220	-	110	330		165	-	70	85			
Reissue	330		165	540		270	d	550	325			
Provisional	220	,	110	0		0		0	0	····		
2. EXCESS CLA										Fee (\$)	Small Entity Fee (\$)	
Fee Description Each claim over 20 (including Reissues)										52	26	
Each independent claim over 3 (including Reissues)									220	110		
Multiple dependent claims										390	195	
Total Claims			e (\$)	Fee Paid (\$) <u>Mu</u>					<u>ultiple Dependent Claims</u>			
	- 20 or HP	x	=				_	<u>Fee</u>	<u>(\$)</u>	Fee Paid (	<u>\$)</u>	
•	ber of total claims paid f											
Indep. Claims			Fee Paid (\$)									
	-3 or HP = ber of independent clain	x ns paid for, i	= f greater than	3.			_					
listings und	on SIZE FEE ation and drawings der 37 CFR 1.52(e)) action thereof. See	, the appl	ication size	fee du	e is \$	270 (\$1	35 for sn				0	
Total Sheet			Number of	•				hereof	Fee (\$)	Fee	Paid (\$)	
• • • • • • • • • • • • • • • • • • • •	- 100 =	/50 =	:		(roun	id up to a	whole nu	nber) x		=		
4. OTHER FEE(S)										Fees Paid (\$)		
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1501 Utility issue fee 1505 Publication fee for republication										1,510.00 300.00		
		1000	abilicatio	1100	J1 10	publicat					JJ.00	
SUBMITTED BY		$\Leftrightarrow$	<b>\</b>		Renis	tration No		40=	I	(700) =		
Signature		W-				ney/Agent)	43,	197	Telephone	(703) 76		
Name (Print/Tyne)	Cameron H Tou	ıci							Date	Movembe	r 5 2008	